

JFW 2133

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/044073
	Filing Date	January 11, 2002
	First Named Inventor	Walter C. Milliken
	Art Unit	2133
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	BBNT-P01-364

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)• Statement under 3.73(b) (1 page)• Change of Attorney Docket Number (1 page)• Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROPER & GRAY LLP		
Signature			
Printed name	Corey Scott		
Date	07 Apr 2005	Reg. No.	56,245

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Docket No.: BBNT-P01-364
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Milliken et al.

Application No.: 10/044073

Group Art Unit: 2133

Filed: January 11, 2002

Examiner: Not Yet Assigned

For: SYSTEMS AND METHODS FOR POINT OF
INGRESS TRACEBACK OF A NETWORK
ATTACK

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from 01-4001 to **BBNT-P01-364**. Please reference **BBNT-P01-364** on all future correspondence.

Applicants believe no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. BBNT-P01-364 from which the undersigned is authorized to draw.

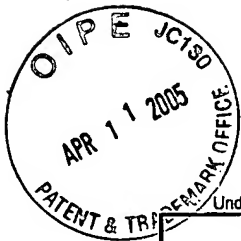
Dated: 4/7/05

Respectfully submitted,

By *Corey Scott*
Corey Scott

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Attorneys/Agents For Applicant



PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/044073
	Filing Date	January 11, 2002
	First Named Inventor	Walter C. Milliken
	Art Unit	2133
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	BBNT-P01-364

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	ROPES & GRAY LLP Edward J. Kelly		
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City	Boston		
Country	US	State	MA
Zip	02110-2624		
Telephone	(617) 951-7000	Fax	(617) 951-7050

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

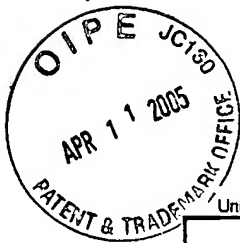
Signature			
Name	Mark J. Sherman		
Date	2-15-05	Telephone	617 873 4296

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Milliken et al.

Application No./Patent No.: 10/044073

Filed/Issue Date: January 11, 2002

Entitled: SYSTEMS AND METHODS FOR POINT OF INGRESS TRACEBACK OF A NETWORK ATTACK

BBNT Solutions LLC

(Name of Assignee)

, a

Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012784, Frame 0877, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mark J. Sherman
Signature

2-15-05
Date

Mark J. Sherman
Printed or Typed Name

617873 4296
Telephone Number

Authorized Signer for Assignee
Title

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